| AMENDMENT TRANSMITTAL LETTER  |   |  |                         |                                    |      | Docket No.<br>09669/063001 |  |
|---|---|--|-------------------------|------------------------------------|------|----------------------------|--|
| Application No.   |   | Filing Date                              |                         | Examiner                           |      | Art Unit                   |  |
| 10/530,962-Conf. #2253  |   | April 11, 2005                           |                         | T. K. Vo                           |      | 2876                       |  |
| pplicant(s): Céd  | ric Perben et a   | l.                                       |                         |                                    |      |                            |  |
| vention: PORTA  | BLE READER  | 1  |                         |                                    |      |                            |  |
|   | TC  | THE COMMI                                | SSIONER FO              | OR PATENTS                         |      |                            |  |
| ransmitted here   | with is an ame  | ndment in the                            | above-identifi          | ed application.                    |      |                            |  |
| he fee has beer   | calculated and  | d is transmitte                          | d as shown b            | elow.                              |      |                            |  |
|   |   | CLAIM                                    | S AS AMENI              | DED                                |      |                            |  |
|   | Claims<br>Remaining   | Highest<br>Number                        | Number                  |                                    |      |                            |  |
|   | After<br>Amendment  | Previously<br>Paid                       | Extra Claims<br>Present | Rate                               |      |                            |  |
| Total Claims  | 12  | - 20 =                                   | Present                 | X                                  |      |                            |  |
| Independent<br>Claims   | 2   | - 3 =                                    |                         | x                                  |      |                            |  |
|   | land Claims (ab.  | 1. 16 11                                 |                         |                                    |      |                            |  |
| Multiple Depend   | ent Claims (chi   | еск и аррисав                            | е)                      |                                    |      |                            |  |
| Other fee (please specify): Extension for response within first month |   |  |                         |                                    | 1    | 20.00                      |  |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:                              |   |  |                         |                                    | 1    | 20.00                      |  |
| x Large Entity Small Entity   |   |  |                         |                                    |      |                            |  |
| No additiona  | al fee is require   | d for this ame                           | ndment.                 |                                    |      |                            |  |
| Please char   | ge Deposit Acc  | ount No.                                 | 50-0591 ir              | the amount of \$                   |      |                            |  |
| A duplicate   | copy of this she  | et is enclosed                           | ſ.                      | _                                  |      |                            |  |
| A check in th   | ne amount of \$   |  | to cover                | the filing fee is enclo            | sed. |                            |  |
| x Payment by  | credit card.  |  |                         |                                    |      |                            |  |
| A I a dillion by  |   |  | ne and credit           |                                    | 50-0 | EO1                        |  |
|   | is hereby auth  |  |                         | Deposit Account No                 |      | ມອເ                        |  |
| X The Director  | is hereby auth<br>below. A dup                                      |  |                         |                                    |      | 381                        |  |
| X The Director<br>as described  |   | licate copy of                           |                         |                                    |      |                            |  |
| X The Director as described  X Credit a                               | d below. A dup<br>ny overpaymer                                     | olicate copy of<br>nt.                   | this sheet is e         |                                    |      |                            |  |
| X The Director as described   | d below. A dup<br>ny overpaymer                                     | olicate copy of<br>nt.                   | this sheet is e         | enclosed.                          |      |                            |  |
| X The Director as described  X Credit as                              | d below. A dup ny overpaymer any additional fil  -45,679 sha Trease | olicate copy of int.  ing or application | this sheet is e         | enclosed.<br>fees required under 3 |      | and 1.17.                  |  |